

## **Application for Amendment to Zoning Ordinance**

Legal Description:	
Owner's Name:	
Mailing Address:	
Phone Number(s):	
Describe zoning change you are applying for:	
(Attach additional sheets if necessary)	
Zone where property is located:	
Anticipated use of Property:	
Are all of the checklist requirements being sup  If not, please explain	
Certif	ication
I hereby certify that I am the owner of the above application. I agree to provide all necessary infunderstand that any substantial modifications or requirement of a revised submission. I certify the regulations regarding this process as specified	formation concerning this submittal. I or additions to this submittal can mean the that I have been informed and understand the
Owner's Signature	Owner's Printed Name

I also hereby authorize the Applicant, Agent, and/or Engineer listed on this application to act on my behalf during the processing and presentation of this request. They shall be the principal contacts with the City in processing this application.		
Owner's Signature	Owner's Printed Name	
Applicant's Signature	Applicant's Printed Name	
Agent/Engineer's Signature	Agent/Engineer's Printed Name	